

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

12/594524

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		4				
6		4				
7						
8						
9						
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11						
12						
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21						
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23						
24						
25						
26						
27	1					
28						
29						
30						
31						
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33						
34						
35						
36						
37						
38						
39						
40						
41						
42			1			
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	2					
TOTAL DEP.		47				
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
58				1		
59				1		
60				1		
61				1		
62				1		
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97						
98						
99						
100						
TOTAL IND.				1		
TOTAL DEP.				25		
TOTAL CLAIMS				26		